

TOBACCO COMPLIANCE CHECK REPORTING FORM
(one form is required for each business on the list regardless of the status of the check.)

Do not substitute if provided a list

THIS FORM MUST BE FILLED IN COMPLETELY AND LEGIBLY

Section 1

Date of Check -- > _____ Time of Check -- > _____

Name of Business : _____

Address of Business: _____

City NE Zip: _____

Section 2 CHECK INFORMATION: (Circle Response)

Outlet – Type of Sales	OTC – Over the counter (Clerk Sales)	VM – Vending Machine
Inspection Completion Status	EC – Check Complete	IN (Incomplete Check)
Compliance Status	EC1 – (Violation)	EC0 – (In Compliance)

Section 4 - VIOLATIONS	
Citation Issued	YES NO
Case #	
Citation Issued to:	Clerk Owner Manager

Section 3 - Incomplete Reason: (Circle)

- N1** In operation but closed at visit time
- N2** Unsafe to access by youth inspector
- N3** Police is present in the outlet
- N4** Youth inspector knows the sales person
- N5** Moved to new location
- N6** Drive through only Youth has no DL
- N7** Tobacco out of stock
- N8** Run out of time for inspections
- I1** Out of business
- I2** Does not sell tobacco Products
- I3** Inaccessible by youth
- I4** Private club
- I5** Closed for a period of time (seasonal, reno)
- I6** Cannot locate
- I7** Wholesale only
- I8** Vending machine broken
- I9** Duplicate
- **** Other (explain): _____

Section 5 Cooperating Individual Information

AGE 14 15 16 17

Gender: **M** (Male) **F** (Female)

ID Checked? **Yes** **No**

CI Number _____

Type of Business: (Circle)

- B1** Convenience Store/Gas Station
- B2** Grocery Store
- B3** Package Liquor
- B4** Liquor Establishment
- B5** Restaurant
- B6** Other

REMARKS:

Section 6

Officer Badge No: _____

Signature: _____

Patrol Troop Area: _____

**Instructions for
Tobacco Compliance Check Reporting Form**
(Revised: Nov-05)

Do not substitute if provided a list of outlets to inspect. Substitution creates statistical error not accounted for in development of the list of outlets to inspect.

SECTION 1 Date and time of Check: Complete time using either 12 or 24 hour clock. Include AM or PM if using 12 hour clock.

Complete the Business Name, Address, City or Zip. If a new business (change of ownership) occupies space of provided business and is of the same type as previous business – complete a compliance check. Update business information on form.

SECTION 2: Check Information

Outlet: Type of Sales – Circle OTC for a clerk sale over the counter. Indicate VM for sales from vending machines. Follow special protocol for vending machines sales.

Inspection Completion Status : Indicate if the inspection was complete or incomplete. Incomplete checks must be indicated using incomplete reason. Use only one reason for any single check. If in doubt give facts in “other” line or in Remarks section of form. Skip compliance status but complete section 5 and 6. If inspection is later completed return all forms with appropriate information for each inspection attempted.

Compliance Status: Indicate whether a sales was or was not made to a cooperating individual. If sale was made a violation has occurred circle EC1 (Violation) and complete the violations box and section 5 and 6. If no sale was made to a cooperating individual circle EC0 (In Compliance) and complete section 5 and 6.

SECTION 3 – Incomplete codes: Circle code for inspections not completed. Continue with sections 5 and 6

SECTION 4 Violations – Circle whether citation was issued, provide case number and indicate to whom citation(s) were issued.

SECTION 5 Cooperating Individual Information: Whether the inspection was completed or not indicate the cooperating individuals information. Include CI Number. This number may be a formal employee number, a phone number, or sequential number used by the adult in charge of the inspections. Use the same number to identify each CI.

Type of Business: Complete by circling the appropriate type of business. Write in a description of business if not one of those indicated.

Remarks: Add comments as necessary.

SECTION 6: Provide officer identifying information including badge number, a signature and Patrol Troop Area or municipality.